Theme 1: Monitoring and Evaluating CMS Programs

Summary: Information gained from evaluation studies plays an important role in planning for the future of CMS's programs. Program evaluation information is used to guide and inform both current and future planning. The policies and procedures of CMS's programs can have far-reaching effects on the broader health care system. Program evaluations provide CMS with information to monitor, evaluate, and refine aspects of our programs. This information is used to identify critical health care issues and to develop the best available strategies for addressing those issues. CMS's program evaluation efforts provide information and descriptive statistics on the infrastructure of the health system; populations of health care users; service and expenditure patterns; variations in costs, quality, and access to care; and on the effects of CMS's program changes on beneficiaries.

Evaluation of Private Fee-for-Service Plans in the Medicare+Choice Program

Project No: 500-00-0032/02
Project Officer: Nancy Zhang
Period: September, 2001 to September, 2004
Funding: $1,407,867
Principal Investigator: Gary Gaumer
Award: Contract
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138

Description: The purpose of this project is to evaluate the new private fee-for-service (PFFS) option available under the Medicare+Choice (M+C) Program. The evaluation will use a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and program costs. Primary data will be collected through site visits to participating plans and beneficiary surveys. The PFFS plan option is one of the new types of organizations provided for under the M+C provisions. The project involves the Sterling Plan, which has been available to beneficiaries since July 2000 and captures many beneficiaries who were previously enrolled in an M+C plan that withdrew from the program and for whom this plan is the only M+C option available. Analytic issues to be addressed in the evaluation can be grouped into three broad categories: (1) beneficiary analyses (enrollment, beneficiary experiences with the plan, utilization); (2) Medicare program impacts (payment); and (3) plan and provider impacts—market, program administration, participation.

Status: The project is under way. ■

Evaluation of the Impact on Beneficiaries of the Medicare+Choice Lock-in Provision

Project No: 500-00-0037/04
Project Officer: Mary Kapp
Period: September, 2001 to September, 2004
Funding: $380,298
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: This project will explore the impact on Medicare beneficiaries of the lock-in provision of the Balanced Budget Act of 1997 (BBA). The lock-in provision places limits on the frequency, timing, and circumstances under which Medicare+Choice (M+C) enrollment elections can be made. These changes will be phased in over a 2-year period beginning January 1, 2002. The purpose of this project is to: (1) examine the current (pre-lock-in) patterns of enrollment and disenrollment in M+C using existing CMS administrative data; (2) design a methodology to quantify the impact on Medicare beneficiaries of the lock-in provision; and (3) analyze the impact on beneficiaries of the first year of the lock-in provision.

Status: Congress has delayed the implementation of this BBA provision from January 1, 2002 to January 1, 2006. The contract has been modified to delete the design of a tool to survey beneficiaries about the impact of lock-in. Additional analyses to characterize the enrollment and disenrollment patterns of beneficiaries and the development of an historical market area database have been added. ■

Design and Implementation of a Targeted Beneficiary Survey on Access to Physician Services Among Medicare Beneficiaries

Project No: 500-01-0025/01
Project Officer: Renee Mentnech
Period: September, 2002 to September, 2004
Funding: $996,692
Principal Investigator: Marsha Gold
Award: Task Order
Awardee: Mathematica Policy Research (DC)
600 Maryland Avenue, SW
Suite 550
Washington, DC 20024-2512

Description: The purpose of this project is to design and implement a targeted, short, beneficiary survey on access to physician services among Medicare beneficiaries. The intent of this targeted survey is to enhance the ability of CMS to determine, on as close to a real-time basis as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

Status: The first round of the survey was implemented in 11 market areas during the spring of 2003. The market areas included the state of Alaska and areas around Phoenix, Arizona; San Diego, California; San Francisco, California; Denver, Colorado; Tampa, Florida; Springfield, Missouri; Las Vegas, Nevada; Brooklyn, New York; Ft. Worth, Texas; and Seattle, Washington. The second round of the survey will be administered in these same market areas during the spring of 2004, with a final report expected at the end of 2004. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

MEDICARE CAHPS DISENROLLMENT SURVEY

There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy.

References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis.

The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's Web site, www.medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder.

FFS CAHPS

CMS also developed a Medicare version of the CAHPS survey for beneficiaries enrolled in Original Medicare (FFS-CAHPS). CMS began implementation of this survey in fall 2000 and has just completed the third annual nationwide administration. The results of both surveys are case-mix adjusted to account for differences in the FFS and managed care populations and reported together through the Handbook and on Medicare's Web site, www.medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-01-0020/02
Project Officer: Amy Heller, Ph.D.
Period: August, 2003 to August, 2004
Funding: $5,499,739
Principal Investigator: W. Sherman Edwards
Award: Task Order
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter

referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

Status: CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-95-0057/04
Project Officer: Amy Heller, Ph.D.
Period: September, 1997 to September, 2004
Funding: $25,592,481
Principal Investigator: Keith Cherry
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: This project implements the Medicare version of the Consumer Assessment of Health Plans (CAHPS) survey in all Medicare risk and cost managed care plans. The primary purpose of the survey is to collect, analyze, and disseminate information to Medicare beneficiaries to help them choose among plans. It will also be used with other available data to monitor and evaluate the quality of care and relative performance of managed care plans, and to compare the satisfaction of beneficiaries in the managed care and fee-for-service systems. It is a nationwide satisfaction survey of Medicare beneficiaries, currently enrolled and recently disenrolled, from their managed care plans which proportionately samples a cross-section of Medicare managed care enrollees stratified by plan to assess their level of satisfaction with access, quality of care, plans' customer service, resolution of complaints, and their utilization experience.

Status: The survey completed its fifth year of data collection at the end of December. The unadjusted response rate is 82% with 127,654 surveys returned by mail and 28,042 surveys completed by telephone. For the past three years, the survey has achieved a response rate greater than 80%. Since this is an ongoing effort, the survey was rebid in early spring of 2002. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-95-0061/05
Project Officer: Amy Heller, Ph.D.
Period: September, 1999 to November, 2004
Funding: $4,458,022
Principal Investigator: Bridget Booske
Award: Task Order
Awardee: University of Wisconsin–Madison
750 University Avenue
Madison, WI 53706

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

S**tatus:** CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

Implementation of the Medicare Managed Care Version of the Consumer Assessment of Health Plans (MMC-CAHPS) Survey

Project No: 500-01-0018/01
Project Officer: Amy Heller, Ph.D.
Period: September, 2003 to September, 2004
Funding: $1,275,000
Principal Investigator: Judith Lynch
Award: Task Order
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS (MMC-CAHPS) Survey).

Status: CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey. ■

United States Renal Data System—Economic Studies Center

Project No: HCFA-IA-01-047
Project Officer: Joel Greer
Period: March, 2001 to March, 2005
Funding: $184,251
Principal Investigator: Lawrence Hunsecker, M.D.
Award: Interagency Agreement
Awardee: National Institute of Diabetes & Digestive & Kidney Diseases
31 Center Drive, MSC2560
Bethesda, MD 20892-2560

Description: This agreement provides support for the National Institute of Diabetes & Digestive & Kidney Diseases' contract funding the Economic Studies Center (ESC) of the United States Renal Data System (USRDS). This contract was awarded to the University of Iowa with Lawrence Hunsecker, M.D., as Principal Investigator. The ESC conducts cost effectiveness and other economic studies relevant to End Stage Renal Disease (ESRD). It was anticipated that the ESC would conduct four studies using existing USRDS data each year and two special studies over the course of the contract. As its first special study, the ESC is working with the other special study centers designing and implementing the Comprehensive Dialysis Survey. Data collection may begin in spring 2004.

Status: CMS was unable to fund the Interagency agreement in FY03 and FY04. ■

Examining Long-Term Care Episodes and Care History for Medicare Beneficiaries

Project No: 500-00-0025/03
Project Officer: William Buczko
Period: September, 2002 to September, 2005
Funding: $649,958
Principal Investigators Timothy Waidman and Stephanie Maxwell
Award: Task Order
Awardee: Urban Institute
2100 M Street, NW
Washington, DC 20037

Description: This project studies longitudinal patterns of care of elderly beneficiaries with likely long-term care needs and the progress of groups of beneficiaries with similar health/functional status who remain in the community or who move from the community to institutional settings, as well as within institutional settings. It will develop a research model and conduct studies based on this model to assess the progress of beneficiaries with similar medical conditions, functional status, and long-term care needs through the health care delivery system. It will address key factors influencing the delivery of care such as insurance coverage, types of services used, processes leading to institutionalization, and costs of care.

Status: The literature review is near completion. UI staff have met with panels of clinical experts and CMS staff as scheduled. Initial steps to obtain project data files have begun. Key activities for 2004 are: selection of the cohorts for study (by February 2004); completion of the first year report (literature review, rationale for cohort selection, description of cohort studies); meeting with CMS staff to describe the methodology for creation of linked analytic files (by April 2004); and completion of analytic file construction (December 2004). ■

Assessing the Impact of Requiring Parity for Mental Health

Project No: HCFA-IA-00-100
Project Officer: Frederick Thomas
Period: June, 2000 to September, 2004
Funding: $100,000
Principal Investigator: Cille Kennedy, Ph.D.
Award: Interagency Agreement
Awardee: Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, SW
Washington, DC 20201-0001

Description: This agreement supports an evaluation of the impact of requiring parity for mental health and substance abuse benefits within the Office of Personnel Management's (OPM) Federal Employees Health Benefits Program (FEHBP). For several years OPM has been interested in improving the mental health and substance abuse benefit in the FEHBP. OPM has now been directed to achieve full parity for these benefits by January 2001. There is substantial interest in various stakeholders in learning as much as possible about the effects of this change in coverage; particularly, the impact on access, utilization, quality, and costs.

Status: Data collection and study design activities are in process. ■

Evaluation of Balanced Budget Act (BBA) Impacts on Medicare Delivery and Utilization of Inpatient and Outpatient Rehabilitation Therapy Services

Project No: 500-00-0030/02
Project Officer: Philip Cotterill
Period: September, 2001 to December, 2004
Funding: $998,540
Principal Investigator: Barbara Gage
Award: Task Order
Awardee: Research Triangle Institute
411 Waverly Oaks Road
Suite 330
Waltham, MA 02452-8414

Description: This project studies the impact of the Balanced Budget Act of 1997 (BBA) on the delivery and utilization of inpatient and outpatient rehabilitation therapy services to Medicare beneficiaries. Many of the BBA changes, some already implemented and others still under development, directly affect payment for rehabilitation therapy services. These policies include per beneficiary therapy limits applicable to certain outpatient settings, skilled nursing facility prospective payment system, home health agency prospective payment system, inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, and outpatient therapy prospective payment system. This project will study the period 2000–2003 and will study changes in beneficiary access and utilization of therapy services across all these settings with special attention to changes in one or more settings that follow a payment change in another setting.

Status: This is a continuation and extension of previous work, "Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes" (contract number 500-96-0006/04), which covered the period 1996–1999. Analysis of 2000 and 2001 data is in progress, but progress has been slowed by the need to address several unexpected data problems. ■

Home Health Data Link

Project No: HCFA-00-1157
Project Officer: Ann Meadow
Period: September, 2001 to September, 2004
Funding: $365,000
Principal Investigator: Edward Fu
Award: GSA Order
Awardee: Fu Associates
2300 Clarendon Boulevard
Suite 1400
Arlington, VA 22201

Description: The Balanced Budget Act of 1997 mandated dramatic changes in several areas of Medicare services, including the home health benefit. The Act mandated a home health prospective payment system (PPS), to be preceded by an interim payment system (IPS) until the PPS could be implemented. In place from late 1997 to Oct. 2000, the IPS led to sharp reductions in numbers of home health agencies and home health utilization by Medicare beneficiaries. There has been little systematic information about PPS's impact to date. Policymakers will want information on the full impact of this succession of changes. Therefore, data development for such studies is needed by the Department and will be in demand by external researchers and policymakers. Under this project, the contractor provides a comprehensive data analytic file covering the entire PPS period to date. Along with previous comprehensive files, the new file will serve the medium-term needs of policymakers regarding the Medicare home health benefit. In addition, the file will meet the internal needs of CMS and the Department in the areas of payment refinements, quality improvement, and program integrity.

The contractor is also tasked with providing analytical programming support using the products of the contract. This project is a continuation of a data development effort originally begun in 2000 by CMS; it is currently funded primarily by the Office of the Assistant Secretary for Planning and Evaluation under Interagency Agreement Number IA-02-132.

Status: Under the direction of CMS, the contractor conducted data analyses to refine specifications for the analytic files. In January 2003 the contractor delivered a 100% file of home health PPS payment episodes through June 2002 with detailed edited and derived variables summarizing utilization and payment information internal to the claim. Additional variables summarize information from external sources, including inpatient claims files, enrollment data, Area Resource File data, and Provider of Service File variables. The episodes are uniquely linked to several ancillary files containing details on related inpatient stays, OASIS and other patient assessments, and other information. The deliverables are being used in several intramural and extramural studies. An update of the file with additions and enhancements was delivered in early 2004. Specifications for adding Medicare Part B data and OASIS outcomes data are near completion. ■

Investigation of Increasing Rates of Hospitalization for Ambulatory Care Sensitive Conditions among Medicare Beneficiaries

Project No: 500-00-0024/09
Project Officer: Mary Kapp
Period: September, 2002 to March, 2004
Funding: $172,671
Principal Investigator: Nancy McCall
Award: Task Order
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Description: The purpose of this project is to examine trends in the rates of inpatient hospital care of the elderly for ambulatory care sensitive conditions (ACSC) or "avoidable hospitalizations." This project uses existing Medicare data to examine the nature of the increases in ACSC hospitalizations, identify the subpopulations most affected and explore more fully the reasons for these trends, with particular emphasis on policy issues that offer promise to reverse the trends. CMS data also provide sufficient sample size to permit investigation of supply factors, access issues, and geographic patterns.

Status: This project is ongoing and runs through March 2004. A final report will be available in the summer of 2004. ■

HCFA On-Line: Market Research for Beneficiaries–I

Project No: 500-95-0057/02
Project Officer: Julie Franklin
Period: April, 1996 to December, 2003
Funding: $6,344,124
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: CMS implemented a market research program to provide ongoing assessment of the information needs of our beneficiaries. It examined what information beneficiaries want and need and, how such information can best be communicated to them. The Agency placed special emphasis on understanding the requirements of subgroups who may have special communication needs (e.g., vision-impaired or non-English-speaking beneficiaries). The project consisted of multiple phases, including conducting inventories of existing information on communication strategies relevant for beneficiaries, conducting focus groups to explore the information needs of beneficiaries, and collecting and analyzing survey data on information needs in beneficiary populations. This research will be used to help guide the development of CMS's communication strategy.

Status: A large series of focus groups have been conducted with the general population of Medicare beneficiaries including a number with special groups. An inventory of groups that work with beneficiaries is complete and includes information from approximately 170 organizations. Examples of such groups are advocacy organizations, social service providers, health care providers, government agencies, and Medicare carrier and other insurance organizations. In addition, a special supplement to the Medicare Current Beneficiary Survey was used to collect information on the information needs and preferences of beneficiaries. ■

HCFA On-Line: Market Research for Beneficiaries–II

Project No: 500-95-0057/07
Project Officer: Julie Franklin
Period: September, 1999 to December, 2004
Funding: $14,367,373
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: This project serves as a vehicle to conduct a variety of social marketing research with Medicare beneficiaries. The project is committed to carrying out targeted projects that document consumer reality through consumer research. Topics of the research are generally focused around communicating program benefits, appeal rights, health plan and provider choices, and treatment options to people with Medicare. Specific work has been done on existing Medicare publications, regulations, policies, developing message strategies and communication plans, monitoring desired behaviors,

Status: This is an extension of the work begun under contract number 500-95-0057/02. This contract continues to conduct social marketing research on specifically identified initiatives that involve communication with Medicare beneficiaries. ■

Performance Assessment of Web Sites

Project No: 500-95-0057/05
Project Officer: Barbara Crawley
Period: August, 1998 to April, 2003
Funding: $1,317,513
Principal Investigator: Joy Frechtling
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: This project is: (1) evaluating; (2) setting up an ongoing system for feedback from consumers; and (3) making recommendations for future changes to the consumer-oriented Web site, www.medicare.gov. The Web site was established by the Centers for Medicare & Medicaid Services to service Medicare beneficiaries and their caregivers. Other potential users of the site include researchers and advocacy groups.

Status: Several of the strategies used to assess the Web site have ended. While the bounce-back form on the Web site has been temporarily removed, data from the bounce-back survey and the other assessment strategies, including focus groups and expert reviews, are being compiled. Work is continuing to improve and update the Web site using the data gathered from the multifaceted assessment. ■

Beneficiary Knowledge: Questionnaire Item Development and Cognitive Testing Using Item Response Theory

Project No: 500-00-0024/02a
Project Officer: Noemi Rudolph
Period: May, 2001 to August, 2005
Funding: $336,325
Principal Investigator: Lauren McCormack
Award: Task Order
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Description: This project will evaluate the effectiveness of the National Medicare Education Program (NMEP), CMS's primary information and education program. The evaluation focuses on the objectives of the NMEP to: (1) provide beneficiaries' access to information, (2) raise beneficiary awareness that information is available, (3) heighten awareness of some basic Medicare+Choice messages, and (4) communicate information useful for making informed health services decisions. A substantial pool of Medicare beneficiary knowledge questions and tests cognitive reliability and validity of the items, assuring a consistent Medicare knowledge index over time. The content categories cover both core knowledge areas that generally remain consistent from year to year, as well as supplemental topics that may change more frequently. Content categories may include: (1) awareness of Medicare options, (2) access to traditional Medicare, (3) cost implications of insurance choices, (4) coverage/benefits, (5) plan rules/restrictions, (6) availability of information, and (7) beneficiary rights. Medicare beneficiary knowledge data collected through the Medicare Current Beneficiary Survey (MCBS) will constitute the starting pool of questionnaire items. Item Response Theory (IRT) methodology is used to evaluate measures of knowledge and validate items in the MCBS knowledge index.

Status: The knowledge questions were fielded in the Medicare Current Beneficiary Survey in spring 2003. The report is expected in summer 2004. The symposium is expected to take place in fall 2004. ■

Assessment of Medicare & You Education Program

Project No: 500-00-0037/03
Project Officer: Lori Teichman
Period: September, 2001 to December, 2005
Funding: $6,751,736
Principal Investigator: Keith Cherry
Award: Task Order
Awardee: BearingPoint
1676 International Drive
McLean, VA 22102-4828

Description: This project assesses how well CMS is communicating with Medicare beneficiaries, caregivers, and partners. As part of the National Medicare Education Program (NMEP), CMS provides information to beneficiaries about the Medicare program and their Medicare+Choice options. The NMEP employs numerous communication vehicles to educate beneficiaries and help them make more informed decisions concerning: Medicare program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and health behaviors. The goal of NMEP is to ensure that beneficiaries receive accurate, reliable information; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal Government and its private sector partners) as trusted and credible sources of information.

Status: Work began in September 2001. The following subtasks are completed: The Medicare & You Regional Survey, REACH Partnership Report, The *Medicare & You Handbook* 2002 Postcard Feedback Report, REACH Audience Feedback Forms Report (2002 and 2003), the REACH Needs/Gaps Assessment Report, and the REACH Return on Investment Reports (2002 and 2003). Work is continuing on the following: The Medicare New Enrollee Survey, 1-800-MEDICARE Mystery Shopping, SHIP's Mystery Shopping, Nursing Home Quality Improvement Initiative, REACH Case Studies, and NMEP Case Studies. Work is starting on the Medicare-Approved Prescription Discount Drug Card Program Assessments: (1) Review of Informational Materials and (2) Mystery Shopping to Approved Sponsors. ■

Evaluation of the Dialysis Facility Compare Web Site

Project No: 500-00-0024/07
Project Officer: Eileen Zerhusen
Period: September, 2002 to November, 2004
Funding: $524,141
Principal Investigator: Michael Trisolini
Award: Task Order
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Description: This project will evaluate the usefulness of the quality and descriptive information on the Dialysis Facility Compare (DFC) Web site for patients with End Stage Renal Disease (ESRD), families of patients with ESRD, ESRD professionals, members of the ESRD industry, and other stakeholders.

Status: The contract has been extended to November 30, 2004, to allow for stakeholders' input and development and testing of new information to be placed on the DFC Web site. ■

Public Reporting and Provider and Health Plan Quality of Care

Project No: 500-00-0024/14
Project Officer: David Miranda
Period: September, 2003 to March, 2005
Funding: $845,000
Principal Investigator: Shulamit Bernard
Award: Task Order
Awardee: Research Triangle Institute (NC)
3040 Cornwallis Road
PO Box 12194
Research Triangle Park, NC
27709-2194

Description: The Balanced Budget Act of 1997 mandated that CMS provide beneficiaries with information to make better health plan choices, including information about the quality of care provided by health plans (see www.medicare.gov/mphCompare/home.asp and Volume 23, Number 1 [www.cms.hhs.gov/review/01fall/default.asp] and Volume 22, Number 3 [www.cms.hhs.gov/review/01spring/default.asp] of *Health Care Financing Review*). Since that time, CMS has expanded these efforts in at least three areas. We have begun looking at the particular needs of vulnerable populations for information about quality of care and to help them

make choices. We have also expanded the scope of quality of care information to include information about providers such as dialysis facilities, nursing homes, home health agencies, and hospitals (see www.medicare.gov/NHCompare/home.asp, www.cms.hhs.gov/researchers/projects/APR/09-theme7.pdf, Volume 23, number 4, of *Health Care Financing Review* [www.cms.hhs.gov/review/02summer/default.asp], and, for hospital information, www.dfmc.org/html/hiw/). Finally we have also expanded in the area of supporting infrastructure for informed choice (see www.cms.hhs.gov/researchers/projects.asp). That is, CMS has launched the 1-800-Medicare call center and the Medicare Personal Plan Finder (see www.medicare.gov/MPPF/home.asp) in addition to supporting the role of State Health Insurance Assistance Programs in counseling beneficiaries about health plan choices. Similarly, the Quality Improvement Organizations have begun addressing the roles that discharge planners and others, such as physicians, nurses, and social workers, play in supporting the decisions patients and their caregivers make about providers. Physicians are a particularly interesting group in that they are not only information.

Status: Research on physicians as information intermediaries is actively under way. ■

Implementation of NMEP Evaluation Studies/Surveys

Project No: 500-01-0020/03
Project Officer: Suzanne Rotwein
Period: September, 2003 to September, 2005
Funding: $586,879
Principal Investigator: W. Sherman Edwards
Award: Task Order
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The purpose of these surveys is to continue the assessment of the National Medicare Education Program (NMEP). The surveys contain core questions asked of people with Medicare since the beginning of the assessment in 1998 and ask additional questions intended to obtain quick feedback about CMS's educational activities and gather needed information about new initiatives within CMS. This latest survey will be a national telephone survey of randomly selected people with Medicare. The instrument contains questions related to (1) satisfaction with Medicare communication channels: the Medicare Web site, the 1-800-Medicare toll free line, and the *Medicare & You Handbook*, (2) knowledge of general Medicare benefits and program characteristics, and where to look for Medicare information, and (3) knowledge of new Medicare initiatives such as Medicare Reform, the Medicare Prescription Drug Benefit, quality initiatives in hospitals, nursing homes and home health care, customer service, and choice and options in Medicare health care plans.

Status: Data collection and study design activities are in progress. ■

Patterns of Injury in Medicare and Medicaid Beneficiaries

Project No: 500-95-0060/04
Project Officer: M. Beth Benedict
Period: September, 2000 to December, 2004
Funding: $715,991
Principal Investigator: Deborah Garnick
Award: Task Order
Awardee: Brandeis University
Heller Graduate School
Institute for Health Policy
415 South Street
PO Box 9110
Waltham, MA 02254-9110

Description: This project is a descriptive study of the impact of injuries, including an analysis of specific types of injuries, on Medicare and Medicaid populations. The study will examine the impact of injuries (unintentional and intentional) on health care costs, income, productivity, mortality and morbidity, especially among persons in vulnerable populations.

Status: An overview of injuries among elderly Medicare beneficiaries has been completed. Also completed are tables that describe the number and costs of injuries to Medicare elderly beneficiaries in total and broken down by age, gender, race/ethnicity, urban/rural status, region, long-term care status, and type of service. ■

Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures

Project No: 500-00-0047/01
Project Officers: James Hawthorne and Pauline Karikari-Martin
Period: September, 2000 to September, 2003
Funding: $1,024,697
Principal Investigator: Carol Irvin
Award: Task Order
Awardee: Mathematica Policy Research, (Princeton)
600 Alexander Park
PO Box 2393
Princeton, NJ 08543-2393

Description: The purpose of this project is to create a linked database that combines information from the Social Security Administration's (SSA) administrative data with CMS's Medicaid and Medicare data. It complements and builds upon activities related to these special needs populations by other components of the Department of Health and Human Services. One group of studies will link Medicaid and SSA data in order to examine enrollment dynamics between Medicaid and the Supplemental Security Income and the Social Security Disability Insurance Programs and to determine whether interprogram enrollment dynamics vary by characteristics of enrollees—such as work status, disabling condition, severity of condition, state of residence, race/ethnicity, or age group. Using the same data, another study will help CMS develop a more complete understanding of children with special health care needs enrolled in the Medicaid program. Specifically the study will develop estimates of the number of children with special health care needs enrolled in Medicaid, as this population is defined by the Balanced Budget Act of 1997 interim rule, their demographic characteristics, and utilization and expenditure patterns. A final study will link SSA disability data, Medicare, and Medicaid data for a sample of Medicare beneficiaries with behavioral health problems. The purpose of this study is to develop a much more complete understanding of utilization and expenditures for Medicare beneficiaries with behavioral health disorders.

Status: The project has obtained permission from SSA to access the necessary data, and data extraction is scheduled to begin in March 2004. ■

Evaluation of the Home and Community-Based Waiver Program

Project No: 500-96-0005/03
Project Officer: Susan Radke
Period: September, 1998 to September, 2005
Funding: $3,387,017
Principal Investigator: Lisa Maria Alecxih
Award: Task Order
Awardee: Lewin Group
3130 Fairview Park Drive, Suite 800
Falls Church, VA 22042

Description: The purpose of this project is to design and implement a study of the impact of Medicaid home and community-based service (HCBS) programs on quality of life, quality of care, utilization, and cost. The scope of the study includes both Medicaid home and community-based service waiver programs as well as other Medicaid-funded long-term care services. The research project will study the Medicaid financing and delivery of services to older and younger people with disabilities (A/D) in six States, and the Medicaid financing and delivery of services for individuals with mental retardation and developmental disabilities (MR/DD) in six other States. The goal of this research is to assist Federal and State policymakers in gaining further knowledge about: (1) how Medicaid HCBS program funds are currently used; (2) how policies affect costs, access to care, and quality of services; and (3) key program design features that are helpful to achieving cost-effective use of program services.

Status: The 12 State site visits in phase one of the study were completed. The reports were published and are located on the CMS and HCBS Web sites. Phase two is currently in progress. The Office of Management and Budget (OMB) approved the Aged and Disabled HCBS recipient survey, which is currently being fielded in six of the Aged and Disabled States. The scope of work for this evaluation was amended on the MR/DD component of the study to utilize existing data from the National Core Indicators Project. The Lewin Group, Inc and its subcontractors will begin collecting the data in early 2004. ■

Evaluation of QMB and SLMB Programs

Project No: 500-95-0058/08
Project Officer: Noemi Rudolph
Period: September, 1999 to September, 2003
Funding: $1,549,538
Principal Investigators Janet Mitchell and Susan Haber
Award: Task Order
Awardee: Research Triangle Institute
411 Waverly Oaks Road, Suite 330
Waltham, MA 02452-8414

Description: This project is designed to evaluate quantitatively and qualitatively the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) programs in the following areas: (1) the motivations and perceptions of enrollees and nonenrollees, (2) reasons for State variation in enrollment patterns, (3) the impact of enrollment on Medicare and Medicaid costs and service use, (4) the impact of enrollment on out-of-pocket costs of eligible individuals, (5) the impact of State programs under the Building Partnerships for Innovative Outreach and Enrollment and Outreach of Dual Eligibles grants, and (6) the effect on access to care for QMBs due to limitation on State payments for Medicare cost-sharing. The analyses will draw on a beneficiary survey, focus groups of beneficiaries and social service professionals, a survey of State Medicaid agencies, case-study interviews, the Medicare Current Beneficiary Survey, Medicare claims and eligibility data, and the Third-Party Buy-in file.

Status: The project ended on September 30, 2003. Final reports for the overall evaluation, case-study evaluation of the State programs, and study of the limitation on State payment for Medicare cost-sharing are available on the CMS Web site or by contacting the project officer. Major findings include:

- Lack of awareness, not motivation, is the main reason eligible beneficiaries do not enroll and personal assistance is key to successfully educating and enrolling beneficiaries into the Medicare Savings Programs.
- Enrollment in the QMB/SLMB Programs increases utilization of medical care services for low-income Medicare beneficiaries. The benefit is greatest for those entitled to full Medicaid benefits.
- Although the QMB/SLMB Programs provide substantial protection from out-of-pocket costs, most enrollees continue to incur some out-of-pocket costs, particularly SLMBs.
- Reductions in the percent of Medicare cost sharing paid by Medicaid decreased the probability that a dually eligible beneficiary will have an outpatient physician visit and decreased the likelihood that a dual eligible would receive any outpatient mental health treatment.

However, the impacts are relatively small and their effect on health outcomes is unknown. ■

Evaluation of the State Child Health Insurance Program

Project No: 500-96-0016/03
Project Officer: Susan Radke
Period: July, 1999 to July, 2004
Funding: $4,256,094
Principal Investigator: Margo Rosenbach
Award: Task Order
Awardee: Mathematica Policy Research (DC)
600 Maryland Avenue, SW
Suite 550
Washington, DC 20024-2512

Description: This project evaluates the State Children's Health Insurance Program (SCHIP). It examines and tracks the impact of SCHIP in reducing the numbers of low-income uninsured children. States are required to report and assess the operation of their children's health insurance programs. This project involves a summary and analysis of the State evaluations and an analysis of external SCHIP-related activities (meta-analysis). It will also analyze the effect of SCHIP on enrollment expenditures and use of services in Medicaid and State health programs, and evaluate stand-alone and Medicaid expansion programs, including the effectiveness of their outreach activities and the quality of care.

Status: Evaluation is in its fourth year. The SCHIP Report to Congress was submitted. Current work involves case studies of eight States as well as continuing monitoring and evaluating the effect of SCHIP in 50 States, the Territories, and the District of Columbia. MPR is continuing to track the progress of the SCHIP program as it continues to grow and mature. MPR continues to complete the Synthesis of State evaluations and annual reports, evaluation of the effect of SCHIP on uninsured rates, collection and review of external studies, and tracking of SCHIP enrollment. New tasks include a quantitative study of outreach in selected States, and a quantitative study regarding an analysis of access and utilization. ■

Study of the Impact of Boren Amendment Repeal on Nursing Facility Services for Medicaid Eligibles

Project No: 500-95-0060/03
Project Officer: Paul Boben
Period: September, 2000 to December, 2003
Funding: $451,129
Principal Investigator: Christine Bishop
Award: Task Order
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
415 South Street
PO Box 9110
Waltham, MA 02254-9110

Description: The purpose of this project is to study the impact of the repeal of the Boren Amendment on Medicaid beneficiaries' access to care in hospitals, nursing facilities (NF), and intermediate care facilities for the mentally retarded (ICF/MR) and the quality of care available to them at those facilities. The study will examine rate setting methodologies to learn whether States have changed their methods of payment since the repeal of the Boren Amendment and whether these changes have affected access to care or quality of care received by Medicaid beneficiaries. The results will form the basis for a Report to Congress, as mandated by Section 4711(b) of the Balanced Budget Act of 1977.

Status: In spring 2003, all three subject reports (hospitals, NF, and ICF/MR) were complete in draft

form. The contract has been extended to December 31, 2003 to ensure that the contractor will be available to address comments from reviewers. Delivery of the report to Congress is possible in early 2004. ■

Medicaid Statistical Information System (MSIS) Expansion and Data Quality Support

Project No: 500-00-0047/04
Project Officer: Ronald North
Period: September, 2003 to September, 2004
Funding: $247,343
Principal Investigator: Suzanne Dodds
Award: Task Order
Awardee: Mathematica Policy Research (Cambridge)
50 Church Street
Cambridge, MA 02138-3726

Description: The contractor will provide technical support to States during the Medicaid Statistical Information System (MSIS) implementation period to proactively encourage good State understanding of the MSIS. The contractor will use validation tools developed under a previous contract to analyze the quality of the data after they are received at CMS. The contractor will also support the analysis of Medicaid data and work directly with States to isolate root causes of quality problems and identify possible solutions. The contractor will also work with the States to support State application and implementation.

Status: Mathematica continues to perform technical support for the quality of State-submitted MSIS data by performing validation reviews of these data using programs developed under previous tasks and refined in recent tasks, working with States to improve the ongoing quality of their data submissions, addressing coding issues associated with encounter data as well as fee-for-service data, and facilitating revised coding that may result from recently implemented Health Insurance Portability and Accountability Act implementation.

Task Order 4 of this contract is forward-funded and, effective fiscal year 2004 (October 2003), a sole source contract with a base plus 4 option years has been awarded. ■

Collection and Analysis of Information and Analysis of State and Federal Policies Concerning the Use of Annuities To Shelter Assets in State Medicaid Programs

Project No: 500-00-0053/02
Project Officer: Roy Trudel
Period: September, 2003 to September, 2004
Funding: $317,984
Principal Investigator: Robert Levy
Award: Task Order
Awardee: C.N.A. Corporation
4401 Ford Avenue
PO Box 16268
Alexandria, VA 22302-8268

Description: The purpose of this contract is to provide funding for a project that will:

- Identify and document instances of the use of annuities as a means to shelter assets for Medicaid eligibility and provide increased income and assets to community spouses of institutionalized individuals in State Medicaid Programs
- Estimate the frequency and costs to the Federal and State Governments of the use of annuities in making people eligible for the Medicaid Program
- Assist in the development of Federal policy options related to the use of annuities that will support State attempts to preserve the financial viability of their Medicaid Programs

Status: Work on the project is proceeding on schedule. To date the contractor is meeting all assigned tasks. We are receiving regular monthly status reports as well as reports on meeting and interviews with data sources. ■